



Fire and Life Safety Customer Service Survey



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YORK COUNTY
PUBLIC INFORMATION OFFICE
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Do you have any additional comments or suggestions about how we could improve our customer service and better meet your expectations? If so, please write them below.

(OPTIONAL)

Name: _____ Telephone #: _____

Address: _____

Thank you for your comments!

Please re-fold the survey, tape or staple shut and drop in the mail. Do not affix postage.

York County Fire and Life Safety Service Survey

Because of the commitment to superior levels of service throughout our department and County government, and in support of the Board of Supervisors' goal of engendering a "can-do, will-help" attitude, we would like to hear from you. Your comments and

suggestions are needed to assist us in measuring how we are doing. In other words—how did we treat you? Please help us by taking the time to complete this survey and drop it in the mail (no postage is necessary.) Your input is most valuable to us.

WHAT TYPE OF SERVICE(S) DID YOU USE? (Check all that apply.)

- ☐ Fire emergency
☐ Medical emergency
☐ Rescue Situation (i.e., vehicle accident, water rescue, etc)
☐ 9-1-1 inquiry/report/request
☐ Fire prevention, code enforcement
☐ Fire investigation
☐ Public fire education
☐ Emergency services/disaster preparedness or response
☐ Animal Control
☐ Other (Please list): _____

WHICH OFFICE/DIVISION SERVED YOU? (Check all that apply.)

- ☐ Fire and Life Safety Administration
☐ Fire and Rescue Operations
☐ Prevention
☐ Technical Services/Special Operations
☐ Emergency Communications/9-1-1
☐ Emergency Management/Disaster Preparedness
☐ Animal Control
☐ Other (Please list): _____

HOW DID WE TREAT YOU?

Our people:

	Very Poor	Poor	Avg.	Good	Very Good	Does Not Apply
Displayed an attitude of professional respect, caring, and a sense of importance for helping others	1	2	3	4	5	X
Presented best possible professional appearance in self, equipment and/or stations	1	2	3	4	5	X
Performed their jobs quickly and efficiently	1	2	3	4	5	X
Were enthusiastic about their jobs	1	2	3	4	5	X
Took special care of you and your property	1	2	3	4	5	X
Took personal responsibility to answer your questions and resolve your problems	1	2	3	4	5	X
Helped you without being asked/anticipated your needs	1	2	3	4	5	X

Our Service: How well did we provide you with quality service in these areas?

9-1-1/Dispatching	1	2	3	4	5	X
Prompt response time	1	2	3	4	5	X
Firefighting	1	2	3	4	5	X
Medical treatment	1	2	3	4	5	X
Ambulance transportation	1	2	3	4	5	X
Fire inspection	1	2	3	4	5	X
Fire investigation	1	2	3	4	5	X
Animal control	1	2	3	4	5	X
Other service (Specify): _____						

OVERALL RATING: Overall, how well did we perform?

Very Poor	Poor	Average	Good	Very Good
1	2	3	4	5